



Kentucky Opioid Response Effort (KORE) Treatment & Recovery Services GPRA Manual

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This manual is intended to assist Kentucky substance use treatment and recovery service providers in completing GPRA interviews for eligible clients who receive KORE-funded services. In the following pages, information on GPRA interview procedures, data entry, and guidance on special circumstances is provided. Appendices include paper copies of the GPRA interview as well as several important forms for tracking client interview progress. Finally, contact information is provided for the state KORE team offering training for GPRA data collection and the University of Kentucky research team offering technical assistance.

In addition to this manual and its appendices, be sure to check out these additional training resources produced by SAMHSA:

- SAMHSA Question-By-Question Instruction Guide
- SAMHSA Frequently Asked Questions Document
- Guide to Improving Client Participation in GPRA Follow-up Interviews
- Trauma-Informed Interviewing Manual
- Training videos...?

What is KORE?

The Commonwealth of Kentucky has been awarded the State Opioid Response grants (SOR I and SOR II) from the Substance Abuse and Mental Health Services Administration (SAMHSA). Referred to as KORE (Kentucky Opioid Response Effort), the grant seeks to increase access to FDA-approved medications for opioid use disorder (MOUD), reduce unmet treatment need, and reduce opioid overdose-related deaths by expanding access to a full continuum of high quality, evidence-based prevention, treatment, and recovery services.

What is the GPRA?

The Government Performance and Results (GPRA) Core Client Outcome Measures uses client-level interview questions from pre-existing instruments (e.g., the Addiction Severity Index and the McKinney Homeless Program reporting system) to measure and monitor each participant's substance use, criminal activity, mental and physical health, family and living conditions, education/employment status and social connectedness.

GPRA Purpose

- Improve grant effectiveness
- Enrich service delivery
- Increase accountability
- Inform congressional decision making

As part of the standard of clinical care, service providers who receive KORE funding are contractually required to collect GPRA information from all eligible clients served through the grant. For each client receiving treatment/recovery services, these data must be collected at three time points: (1) baseline; (2) 6-months follow-up; and (3) discharge. Again, GPRA data collection is mandated by SAMHSA and, therefore, is required of all treatment/recovery providers receiving KORE funding.

The GPRA interview questions can be found in Appendix A where the baseline, 6-month follow-up, and discharge instruments are combined, for purposes of demonstration. However, in REDCap, you are asked to select the interview time point (baseline, 6-month follow-up, or discharge) for which you will be entering data. It has been programmed to only ask questions pertinent to each time point.

What is the University of Kentucky's role?

The University of Kentucky has been contracted by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities to maintain the web-based data collection system (REDCap), organize and report GPRA data to SAMHSA, create monthly progress reports to help programs track GPRA progress and eligibility for follow-up interviews, and help complete follow-up interviews with clients who have been discharged or otherwise lost to follow-up.

UK can assist with topics including:

- Data entry and submission errors into RedCap
- Lost GPRA IDs
- GPRA submission confirmation
- Locator form updating
- KORE Reporting Site technical assistance

What is the KORE Implementation Specialists' Role?

The KORE Implementation Specialists have been assigned to help you with your KORE-funded program. They are your resource for implementation support, GPRA training, programmatic technical assistance, assistance tracking your agency's progress, and serve as a link between you and the UK research staff.



If you're unsure of who your Implementation Specialist is, email kore.ky.gov.

Implementation Specialists can assist with topics including:

- Trauma-informed and person-centered interviewing techniques
- Techniques for improving GPRA baseline and follow-up rates
- Techniques for improving the quality of data collected
- Determining which clients should receive a GPRA interview
- Managing GPRA data collection with multi-site projects
- Managing GPRA alongside other KORE reporting documents

Who must be interviewed?

For programs with SOR I funding:

- All clients with a primary or secondary opioid use disorder who are receiving treatment or recovery services funded through KORE should be administered the baseline, 6-month follow-up, and discharge GPRA interviews.

For programs with SOR II funding:

- All clients with a primary or secondary opioid use disorder who are receiving treatment or recovery services funded through KORE should be administered the baseline, 6-month follow-up, and discharge GPRA interviews.
- All clients with a primary or secondary stimulant use disorder (e.g., cocaine or methamphetamine use disorder) who are receiving treatment or recovery services funded through KORE should complete the baseline, 6-month follow-up, and discharge interviews.



If you're not sure of whether your KORE grant has SOR I or SOR II funding, ask your Implementation Specialist.

What is REDCap?

When completing a GPRA interview, you will enter the client's responses into an online platform called Research Electronic Data Capture, or REDCap for short. REDCap is a web-based data collection system that can be accessed on any device with internet access. All data are encrypted, secured, and regularly backed up. You will not need a REDCap account to complete the required GPRA interviews.



How do I access REDCap?

The web address for the KORE – GPRA REDCap data collection tools is:

- KORE – GPRA Interviews (Landing Page): https://is.gd/kore_gpra_interview_menu



Bookmark this web address in your browser for quick and easy access.

The KORE – GPRA Interviews link will take the interviewer to the Landing Page (see image below). You will first be asked if the individual you are interviewing is incarcerated or was incarcerated at the time of the interview. If the answer is yes, click “Yes” and do not enter the client's information in REDCap.



Contact your Implementation Specialist to learn how and when to collect the GPRA interview with an incarcerated client.

If your client is/was not incarcerated and you select “No,” you will be presented with hyperlinks for the various REDCap interview tools where you will enter the client's locator information, baseline interview, 6-month follow-up interview, or discharge interview.

KORE GPRA Interview

Note: GPRA data collected from individuals who are incarcerated should not be entered into REDCap.

Is the individual you are interviewing incarcerated?
Or, if entering a completed interview, was the
individual incarcerated when the GPRA interview took
place?

☐ Yes
☒ No

reset

* must provide value

Select an interview:

Locator Information

KORE GPRA Baseline Interview

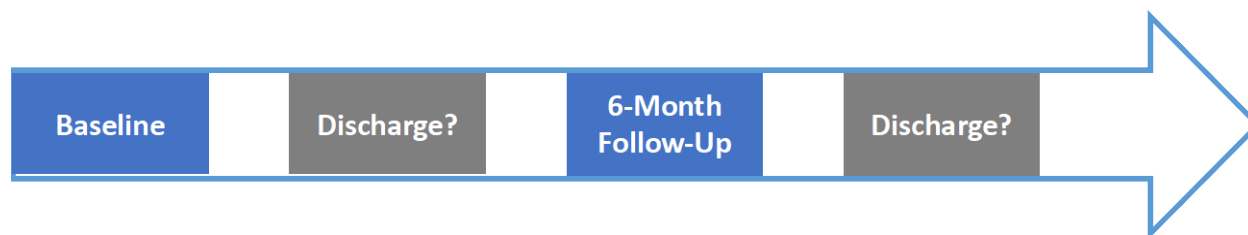
KORE GPRA 6 Month Follow-up Interview

KORE GPRA Discharge Interviews:

I conducted a discharge interview.

A discharge interview was not conducted.

When will the GPRA interviews be administered?



A GPRA interview (Appendix B) will be completed at three time points for each client who meets criteria.

1. Baseline:

Conduct the GPRA interview: A standard set of measures will be initially collected at treatment/recovery service intake (i.e. baseline) using unique client identifiers and entered into REDCap within seven (7) days of service initiation. Providers should inform their clients that their responses are confidential and won't be directly linked with their name or identifying information.

Collect locator information: To assist with subsequent follow-ups, client locator information will be collected during baseline interviews and entered using a separate REDCap interview tool to ensure data de-identification. It is crucial to collect as much client locator information as possible at baseline to allow multiple contacts for each participant. Interviewers have two options for entering locator information into REDCap. Once a completed interview is submitted, REDCap will automatically redirect to the locator information page. If the interviewer cannot enter locator information at that moment, they can choose to enter the data later using the "Locator Information" hyperlink on the Landing Page (web address below). A paper copy of the locator information form is found in Appendix C.

Trauma-Informed Interviewing

The prompt to provide a physical home address may be a difficult question for some to answer due to unstable housing. Each agency can make decisions about how this barrier might be overcome, but the most important factor is ensuring that the entire data collection process be conducted through the lens of trauma-informed care and an awareness of the realities for many we serve. For example, some providers have opted to list the facility address and receive the follow up correspondence and gift card for the

GPRA Locator: https://is.gd/kore_gpri_locator_information



Before clicking "Submit" in REDCap, you may want to print the Locator Information page for your records. This information may be valuable for subsequent interviews.

Communicate the follow-up process: Following the Baseline and Discharge interviews, programs should inform clients that a similar interview will be conducted when they are discharged from the program and around 6-months after the first interview. Programs must verify that clients have received the follow-up information sheet (see Appendix D) detailing this process, including compensation. It is essential that all clients receive this document.

2. Six (6) months after completing a baseline interview:

Conduct the GPRA interview: A similar, standard set of client measures will be collected 6 months after the baseline interview. Follow-up interviews should be completed no sooner than one (1) month before and no later than two (2) months after their actual due date (i.e. 6 months after completing their baseline interview).

Follow-up Window

The window for this interview is 5-8 months after completion of the Baseline/Intake interview

Confirm the locator information: For clients no longer receiving services 6 months after completing their baseline interview and having been discharged (see 3. *Discharge*, immediately below), UK research staff may use locator information to contact the client to complete their 6-month follow-up interview.

3. Discharge:

Conduct the GPRA interview: A comparable set of client measures will be collected at service discharge, which can occur at any time before or after the 6-month follow-up. As at baseline, the same unique identifier and discharge data should be entered into REDCap within seven (7) days post-discharge. Each provider should follow their existing discharge timeline policy.

For those providers without an explicit discharge policy, a discharge interview should be completed after a period of 30 days has passed since the client received any services from that program.

Confirm the locator information: If a 6-month follow-up has not yet been completed, the provider should update the locator information and enter it into REDCap. Participants indicating that updates to their existing locator information are not needed at discharge will automatically bypass questions soliciting new locator information.



Completing discharge interviews is essential because they identify clients who have discontinued services. UK research staff routinely monitor discharge interviews in REDCap to help identify clients with whom they will need to conduct 6-month follow-up interviews.

What if I cannot locate a client to complete a discharge interview?

If the client cannot be located when they are due for their discharge interview, a discharge should still be entered. In REDCap, select “A discharge interview was not conducted.” Using this option, the interview component will be bypassed and only administrative data will be entered. Therefore, each client who completes a baseline interview should also have a completed discharge.

What if a client is discharged after completing a short period of treatment or recovery services?

In some instances, an episode of care for a client may be very short. In this case, providers should still complete the baseline interview and discharge. However, clients who are discharged less than or equal to seven (7) days from completing their baseline interview are not required to complete an interview. Instead, in REDCap, select “A discharge interview was not conducted.” Using this option, the interview component will be bypassed and only administrative data will be entered.

If the client is discharged after receiving services eight (8) or more days after completing a baseline interview, a full discharge interview should be completed. Follow the guidance in the immediately preceding section if the client cannot be reached to complete the full discharge interview.

When should a GPRA interview be entered into REDCap?

Whenever possible, all client data should be entered into REDCap in real time during the baseline, follow-up, or discharge interview. If paper copies of the instrument are used, interviewers should aim to enter responses into REDCap no later than seven (7) days to ensure that data are not lost or compromised.

How do programs keep track of follow-ups and discharges?

Each program will be issued a KORE – GPRA Interview Tracking Form (see Appendix E). This spreadsheet will be maintained internally by each program to track each participant's name, date of birth, interview completion dates, interview due dates, and whether each interview has been entered into REDCap. It is recommended that this database be updated immediately after an interview has been completed. It is important to note that the database has been automated to populate the due date columns based on each participant's baseline completion date. Please ensure the accuracy of these data entered into this database.



To learn about using the KORE GPRA Reports web page to aid in monitoring follow-ups and discharges, see the next section entitled, “How can I track my agency’s progress?”

How can I monitor and verify my agency’s progress?

GPRA Monthly Progress Reports that show completion data for each interview time point for your agency are available at http://kore.uky.edu/kore_reports/ (see Appendix H for an example report). This report is intended to help providers monitor and verify their GPRA 6-month follow-up and discharge interview progress. The implementation specialists, KORE Project Director, and UK research staff will have access to reports for all sites, but each provider can view reports only for their agency.



Website access is password protected. Ask your Implementation Specialist for help in obtaining a username and password.



All program staff who are involved with GPRA data collection are encouraged to request access to the GPRA Monthly Progress Report website and monitor these reports closely. These reports can be discussed at team meetings to help identify and address inconsistencies and/or barriers.

A previously discharged KORE client has been readmitted for treatment or recovery services. What interviews should be conducted?

If a client is readmitted for services, programs have two options. The first option is to only complete a single GPRA baseline interview at the initial intake, as programs are only required to administer one. In this case, a new baseline/intake interview would not be conducted when a client re-enters services.

The second option is to administer a new GPRA baseline interview each time the client re-enters services. In this case, the required 6-month follow-up interview would be due 6 months after the initial

GPRA baseline, not the later ones. If option two is chosen, the same client ID number should be used when entering the client's responses in REDCap, regardless of the number of times the client presents for services.

Do we have to follow-up on each client? What is the follow-up data collection goal?

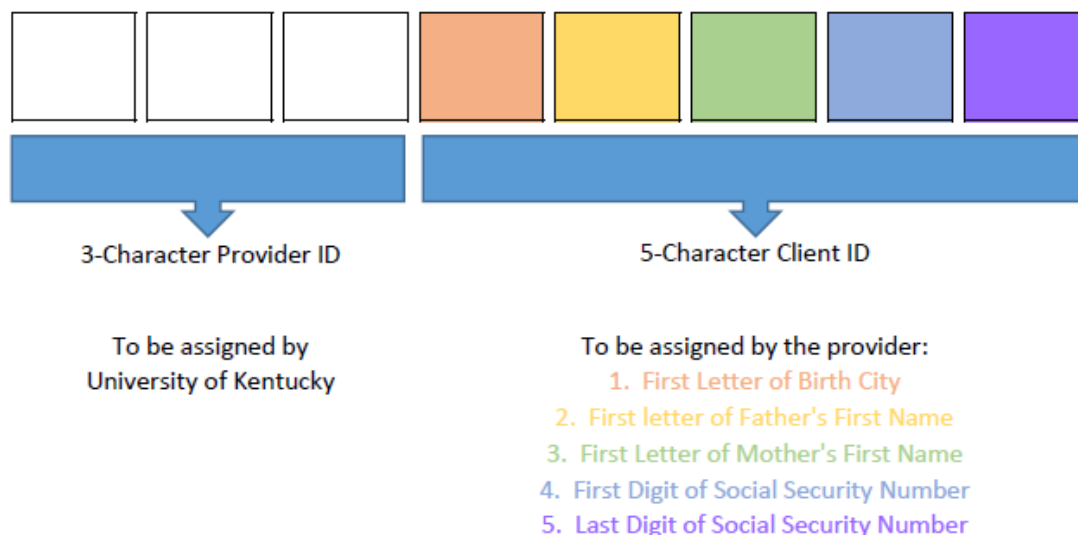
It is expected that a 6-month follow-up interview with nearly all clients, regardless of whether or not they complete treatment. Clients who are discharged prior to completing their follow-up interview will be contacted by UK research staff over the telephone to complete their 6-month follow-up interviews. UK research staff rely on the most recent locator form provided by the program to complete follow-up interviews. It is critically important that these forms are filled out as completely and accurately as possible.



The GPRA follow-up data collection goal is 80%. SAMHSA monitors this goal closely and will withhold funding to the state if the goal is not being met.

How are Client ID numbers issued?

All KORE clients will be identified during the interview process by an eight-character, alpha-numeric code in order to keep their name and data separate to ensure confidentiality. The first three characters represent a treatment or recovery services program code that is specific for your agency and assigned by UK. The last five characters represent each participant and will be determined by five questions at the beginning of each interview (see Appendix F). At no time should a client's name be included in their interview data.



For example, a client who is receiving services from ABC Counseling (Provider ID: ABC) and was born in Lexington, their father's first name is Charles, their mother's first name is Ellen, the first number of their

social security number is 1, and the last number of their social security number is 9 will be assigned the Client ID ABCLCE19. In designing the ID protocol this way, each participant's identifier should remain the same at each GPRA interview time point.



Please remember that some clients may not know their parents or may have experienced trauma related to their mother or father. These questions could be sensitive for some individuals and may need to be approached in a delicate and trauma-informed way. Consult the resources on trauma-informed interviewing from SAMHSA referenced below and/or contact your Implementation Specialist for further assistance.

When and how are KORE participants compensated?

UK research staff will provide one \$30.00 gift card to clients who complete their 6-month follow-up interview. No compensation is offered for the baseline or discharge interviews.

To receive compensation, participants must fill out a KORE – GPRA Interview Payment Form (see Appendix G). Providers who complete follow-up interviews with participants are encouraged to ask the participant to fill out the payment form upon completion of their follow-up interview. It can take two to four weeks for a gift card to be issued. To expedite the compensation process, providers can scan and email a copy of the payment form to UK research staff at koreproject@uky.edu.

University regulations require that a gift card cannot be dispersed without a signed payment form. If a provider completes a follow-up interview with a client over the telephone and they are unable to obtain a signed receipt, the provider can email or call UK research staff to request they contact the participant to obtain the signed payment form.

Upon receiving the completed payment form, UK research staff will mail the gift card to the address provided by the participant on his/her payment form. Incomplete payment forms cannot be processed and will be mailed back to the participant.



Some individuals may have circumstances that affect their ability to complete payment forms and/or send and receive mail on a consistent basis. Your Implementation Specialist can help troubleshoot problems and identify potential solutions. For example, if a client provides consent then a gift card can be mailed to the provider rather than client address.

What if a client does not want to be contacted by the University of Kentucky?

While clients may still receive services from the KORE-funded programs, participation in follow-up data collection post-discharge is voluntary and clients may choose not to complete the 6-month follow-up interview. They may opt out when UK research staff contacts them to complete a follow-up interview.



Some clients may forget that they will be contacted to complete a 6-month follow-up interview, especially if they stop receiving services before that interview time point. It is important to ensure that clients understand the interview process and that they will be contacted by UK to complete a 6-month follow-up interview if they are no longer receiving services from your agency. Please ensure that you provide the follow-up information sheet to

clients and review it with them at intake and discharge, if at all possible. It may also help to provide reminders about the 6-month follow-up interview periodically.

How can I change data for a completed interview?

Once submitted, agencies cannot access the data through the REDCap system. If modifications to existing interview data are needed, providers should submit the KORE – GPRA Data Modification Request (see Appendix J) to UK research staff by emailing koreproject@uky.edu. Please provide the client ID, time point (i.e., baseline, 6-month follow-up, or discharge) of the interview, interviewer initials, the section of the interview (i.e., Alcohol/Drugs, Medical Status, etc.) and the nature of the specific modifications. UK research staff can make the requested data changes.



Consult your implementation specialist if you have questions about the Data Modification Request process.

I had to stop an interview before it was finished. Can I return to complete the interview later?

To facilitate data entry, the online interview instrument is broken down into a series of smaller segments that must each be submitted before progressing onward. Once a section has been submitted, it cannot be recalled for modification. In such cases, service providers should contact UK staff to request changes, corrections, etc. (see above).

While it is strongly recommended that each interview be completed in its entirety to ensure data quality, if an interview is interrupted and must be completed later, the interviewer should select “Save and Return Later” at the bottom of each data collection page. Clicking on this button will generate a unique Return Code (see below example) and web address to return to that particular interview. Please make note of the Return Code and web address in order to gain access to the interview at a later time.

Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need both the *survey link* and your *return code*. See the instructions below.

1.) Return Code

A return code is ***required*** in order to continue the survey where you left off. Please write down the value listed below.

Return Code

* The return code will NOT be included in the email below.

2.) Survey link for returning

You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. For security purposes, **the return code will NOT be included in the email**. If you do not receive the email soon afterward, please check your Junk Email folder.

[Send Survey Link](#)

* Your email address will not be stored

Or if you wish, you may continue with this survey again now.

[Continue Survey Now](#)

Powered by REDCap

What if I'm doing an interview over the telephone?

If an interview is being completed by telephone, it is crucial to first confirm the identity of the participant using a minimum of two sources of validation such as date of birth, social security number (if available), physical address, etc. Data should be entered in real time during the telephone interview or as soon as possible (but no more than seven days) afterwards.

Other key things to know:

UK research staff have received a federal Certificate of Confidentiality exempting disclosure of identifying information in any federal, state, or local legal proceedings.

Interviewing Tips:



Practice! We recommend that you practice these interviews with colleagues and familiarize yourself with the REDCap interview tools before conducting your first interview. When you practice with REDCap, enter the word "Practice" in the Full Client ID field at the bottom of the Client ID section (i.e., first page) of the interview. This will signal to UK Research Staff that any data entered in that interview is only for practice and can be removed from the database.

Begin the interview with an explanation of why this data is being collected. Inform the client that services like those they are currently receiving are funded by a grant and their answers will help show how people are being impacted. Frame the interview as an opportunity to help others, rather than a burden.

Some interview questions touch on sensitive topics, so be sure to remind the client that they can choose to refuse to answer sensitive questions if they are not comfortable. Introducing each section can help prepare a client for what types of questions you are about to ask and increase the likelihood that they will respond. For example, you can say something like this “the questions I am about to ask you are focused on your substance use during the last 30 days.”

If you observe the client is experiencing discomfort responding to questions during the interview, provide reassurance that responses are confidential and only linked by a code to maintain their anonymity.

For more on trauma-informed interviewing, see SAMHSA’s Trauma-Informed Interviewing Manual.

Contact information:

University of Kentucky KORE-GPRA

- UK's Mailing Address:
Center on Drug & Alcohol Research – KORE Follow Up
PO Box 987
University Station
Lexington, KY 40506-0025
- UK KORE Project Email Address: koreproject@uky.edu
- UK KORE Project Phone Number: (859) 218-2214
- Dr. Matthew Webster (Principal Investigator)—(859) 323-6100; email: matt.webster@uky.edu
- Robert Seaver (UK Project Director)—(859) 323-1997; email: robert.seaver@uky.edu
- Steve Cook (for questions about REDCap)—(859) 257-1942; email: sbcook2@email.uky.edu

Kentucky Opioid Response Effort (KORE) Team

- KORE Project Email Address: kore@ky.gov
- Dr. Katie Marks (KORE Project Director): katie.marks@ky.gov
- Dr. Brittney Allen (Deputy Project Director): brittney.allen@ky.gov
- Dr. Amanda Foley-Byard (Treatment Implementation Specialist): amanda.foley@ky.gov
- Michelle Kilgore (Recovery Implementation Specialist): michelle.kilgore@ky.gov
- Shelly Steiner (Prevention Implementation Specialist): shelly.steiner@ky.gov
- Lesa Vanderpool (Re-Entry Care Administrator): lesa.vanderpool@ky.gov
- Dr. Levi Bolin (Integrated Care Implementation Specialist): levi.bolin@ky.gov

Thank you in advance for partnering with us in this very important project. Your participation in this effort – along with the services you diligently provide to individual Kentuckians – will help us all to better understand and respond to the ongoing opioid epidemic.

References

Government Performance and Results Acts (GPRA) Client Outcome Measures for Discretionary Programs Question-by-Question Instruction Guide. (2019). Retrieved from https://spars.samhsa.gov/sites/default/files/SPARS_CSAT_GPRA_QxQ_v11_rev.pdf.

Government Performance and Results Acts (GPRA) Client Outcome Measures Frequently Asked Questions (FAQs) for Discretionary Services Programs. (2014). Retrieved from www.samhsa.gov/sites/default/files/GPRA/FAQ_for_web_users.pdf.

Appendix A
KORE – GPRA Data Collection Instrument

Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Treatment (CSAT)

Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs

SAMHSA's Performance Accountability and Reporting System (SPARS)
March 2019

Public reporting burden for this collection of information is estimated to average 36 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0208.

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A. RECORD MANAGEMENT

Client ID

Client Type:

- ☐ Treatment client
☐ Client in recovery

Contract/Grant ID

Interview Type *[CIRCLE ONLY ONE TYPE.]*

Intake *[GO TO INTERVIEW DATE.]*

6-month follow-up: Did you conduct a follow-up interview? ☐ Yes ☐ No
[IF NO, GO DIRECTLY TO SECTION I.]

3-month follow-up *[FOR SELECT PROGRAMS]*

Did you conduct a follow-up interview? ☐ Yes ☐ No
[IF NO, GO DIRECTLY TO SECTION I.]

Discharge: Did you conduct a discharge interview? ☐ Yes ☐ No
[IF NO, GO DIRECTLY TO SECTION J.]

Interview Date / /
Month Day Year

A. BEHAVIORAL HEALTH DIAGNOSES

[REPORTED BY PROGRAM STAFF.]

Please indicate the client's current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
<u>SUBSTANCE USE DISORDER DIAGNOSES</u>				
<u>Alcohol-related disorders</u>				
F10.10 – Alcohol use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.11 – Alcohol use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.20 – Alcohol use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.21 – Alcohol use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F10.9 – Alcohol use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Opioid-related disorders</u>				
F11.10 – Opioid use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F11.11 – Opioid use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F11.20 – Opioid use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F11.21 – Opioid use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F11.9 – Opioid use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Cannabis-related disorders</u>				
F12.10 – Cannabis use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F12.11 – Cannabis use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F12.20 – Cannabis use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F12.21 – Cannabis use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F12.9 – Cannabis use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Sedative-, hypnotic-, or anxiolytic-related disorders</u>				
F13.10 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
F13.20 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F13.21 – Sedative, hypnotic, or anxiolytic use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F13.9 – Sedative, hypnotic, or anxiolytic use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Cocaine-related disorders</u>	▪	▪	▪	▪
F14.10 – Cocaine use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F14.11 – Cocaine use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F14.20 – Cocaine use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F14.21 – Cocaine use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F14.9 – Cocaine use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Other stimulant-related disorders</u>	▪	▪	▪	▪
F15.10 – Other stimulant use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F15.11 – Other stimulant use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F15.20 – Other stimulant use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F15.21 – Other stimulant use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F15.9 – Other stimulant use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Hallucinogen-related disorders</u>	▪	▪	▪	▪
F16.10 – Hallucinogen use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F16.11 – Hallucinogen use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F16.20 – Hallucinogen use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F16.21 – Hallucinogen use disorder moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F16.9 – Hallucinogen use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Inhalant-related disorders</u>	▪	▪	▪	▪
F18.10 – Inhalant use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F18.11 – Inhalant use disorder, mild, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F18.20 – Inhalant use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F18.21 – Inhalant use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F18.9 – Inhalant use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
<u>Other psychoactive substance-related disorders</u>	▪	▪	▪	▪
F19.10 – Other psychoactive substance use disorder, uncomplicated, mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F19.11 – Other psychoactive substance use disorder, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F19.21 – Other psychoactive substance use disorder, moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F19.9 – Other psychoactive substance use, unspecified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Nicotine dependence</u>	▪	▪	▪	▪
F17.20 – Tobacco use disorder, mild/moderate/severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F17.21 – Tobacco use disorder, mild/moderate/severe, in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>MENTAL HEALTH DIAGNOSES</u>				
F20 – Schizophrenia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F21 – Schizotypal disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F22 – Delusional disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F23 – Brief psychotic disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F24 – Shared psychotic disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F25 – Schizoaffective disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F28 – Other psychotic disorder not due to a substance or known physiological condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F29 – Unspecified psychosis not due to a substance or known physiological condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F30 – Manic episode	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F31 – Bipolar disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F32 – Major depressive disorder, single episode	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F33 – Major depressive disorder, recurrent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F34 – Persistent mood [affective] disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F39 – Unspecified mood [affective] disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F50 – Eating disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F51 – Sleep disorders not due to a substance or known physiological condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F60.2 – Antisocial personality disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F60.3 – Borderline personality disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
F60.0, F60.1, F60.4–F69 – Other personality disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F70–F79 – Intellectual disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F80–F89 – Pervasive and specific developmental disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F90 – Attention-deficit hyperactivity disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F91 – Conduct disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F93 – Emotional disorders with onset specific to childhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F94 – Disorders of social functioning with onset specific to childhood or adolescence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F95 – Tic disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F99 – Unspecified mental disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- ☐ Don't know
☐ None of the above

A. BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

1. In the past 30 days, was this client diagnosed with an opioid use disorder?

- ☐ Yes
- ☐ No
- ☐ Don't know

a. In the past 30 days, which U.S. Food and Drug Administration (FDA)-approved medication did the client receive for the treatment of an opioid use disorder?

- ☐ Methadone *[IF RECEIVED]* Specify how many days received
- ☐ Buprenorphine *[IF RECEIVED]* Specify how many days received
- ☐ Naltrexone *[IF RECEIVED]* Specify how many days received
- ☐ Extended-release naltrexone *[IF RECEIVED]* Specify how many days received
- ☐ Client was diagnosed with an opioid use disorder, but did not receive an FDA-approved medication for an opioid use disorder
- ☐ Client was not diagnosed with an opioid use disorder and did not receive an FDA-approved medication for an opioid use disorder
- ☐ Don't know

2. In the past 30 days, was this client diagnosed with an alcohol use disorder?

- ☐ Yes
- ☐ No
- ☐ Don't know

a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of an alcohol use disorder?

- ☐ Naltrexone *[IF RECEIVED]* Specify how many days received
- ☐ Extended-release naltrexone *[IF RECEIVED]* Specify how many days received
- ☐ Disulfiram *[IF RECEIVED]* Specify how many days received
- ☐ Acamprosate *[IF RECEIVED]* Specify how many days received
- ☐ Client was diagnosed with an alcohol use disorder, but did not receive an FDA-approved medication for an alcohol use disorder
- ☐ Client was not diagnosed with an alcohol use disorder and did not receive an FDA-approved medication for an alcohol use disorder
- ☐ Don't know

[FOLLOW-UP AND DISCHARGE INTERVIEWS: SKIP TO SECTION B.]

3. Was the client screened by your program for co-occurring mental health and substance use disorders?

- ☐ YES
- ☐ NO *[SKIP 3a.]*

3a. *[IF YES]* Did the client screen positive for co-occurring mental health and substance use disorders?

- ☐ YES
- ☐ NO

***[SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) GRANTS CONTINUE.
ALL OTHERS GO TO SECTION A, “PLANNED SERVICES.”]***

A. BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

THIS SECTION FOR SBIRT GRANTS ONLY [ITEMS 4, 4A, AND 5 REPORTED ONLY AT INTAKE/BASELINE].

4. How did the client screen for your SBIRT?

- ☐ NEGATIVE
- ☐ POSITIVE

4a. What was his/her screening score?

Alcohol Use Disorders Identification Test (AUDIT) =

CAGE =

Drug Abuse Screening Test (DAST) =

DAST-10 =

National Institute on Alcohol Abuse and Alcoholism
(NIAAA) Guide =

Alcohol, Smoking and Substance Involvement
Screening Test (ASSIST)/Alcohol Subscore =

Other (Specify) =

5. Was he/she willing to continue his/her participation in the SBIRT program?

- ☐ YES
- ☐ NO

A. PLANNED SERVICES

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE.]

Identify the services you plan to provide to the client during the client's course of treatment/recovery. *[SELECT "YES" OR "NO" FOR EACH ONE.]*

Modality	Yes	No
<i>[SELECT AT LEAST ONE MODALITY.]</i>		
1. Case Management	<input type="radio"/>	<input type="radio"/>
2. Day Treatment	<input type="radio"/>	<input type="radio"/>
3. Inpatient/Hospital (Other Than Detox)	<input type="radio"/>	<input type="radio"/>
4. Outpatient	<input type="radio"/>	<input type="radio"/>
5. Outreach	<input type="radio"/>	<input type="radio"/>
6. Intensive Outpatient	<input type="radio"/>	<input type="radio"/>
7. Methadone	<input type="radio"/>	<input type="radio"/>
8. Residential/Rehabilitation	<input type="radio"/>	<input type="radio"/>
9. Detoxification (Select Only One)		
A. Hospital Inpatient	<input type="radio"/>	<input type="radio"/>
B. Free-Standing Residential	<input type="radio"/>	<input type="radio"/>
C. Ambulatory Detoxification	<input type="radio"/>	<input type="radio"/>
10. After Care	<input type="radio"/>	<input type="radio"/>
11. Recovery Support	<input type="radio"/>	<input type="radio"/>
12. Other (Specify) _____	<input type="radio"/>	<input type="radio"/>

[SELECT AT LEAST ONE SERVICE.]

Treatment Services	Yes	No
<i>[SBIRT GRANTS: YOU MUST SELECT "YES" FOR AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1-4.]</i>		
1. Screening	<input type="radio"/>	<input type="radio"/>
2. Brief Intervention	<input type="radio"/>	<input type="radio"/>
3. Brief Treatment	<input type="radio"/>	<input type="radio"/>
4. Referral to Treatment	<input type="radio"/>	<input type="radio"/>
5. Assessment	<input type="radio"/>	<input type="radio"/>
6. Treatment/Recovery Planning	<input type="radio"/>	<input type="radio"/>
7. Individual Counseling	<input type="radio"/>	<input type="radio"/>
8. Group Counseling	<input type="radio"/>	<input type="radio"/>
9. Family/Marriage Counseling	<input type="radio"/>	<input type="radio"/>
10. Co-Occurring Treatment/Recovery Services	<input type="radio"/>	<input type="radio"/>
11. Pharmacological Interventions	<input type="radio"/>	<input type="radio"/>
12. HIV/AIDS Counseling	<input type="radio"/>	<input type="radio"/>
13. Other Clinical Services (Specify) _____	<input type="radio"/>	<input type="radio"/>

Case Management Services	Yes	No
1. Family Services (Including Marriage Education, Parenting, Child Development Services)	<input type="radio"/>	<input type="radio"/>
2. Child Care	<input type="radio"/>	<input type="radio"/>
3. Employment Service		
A. Pre-Employment	<input type="radio"/>	<input type="radio"/>
B. Employment Coaching	<input type="radio"/>	<input type="radio"/>
4. Individual Services Coordination	<input type="radio"/>	<input type="radio"/>
5. Transportation	<input type="radio"/>	<input type="radio"/>
6. HIV/AIDS Service	<input type="radio"/>	<input type="radio"/>
7. Supportive Transitional Drug-Free Housing Services	<input type="radio"/>	<input type="radio"/>
8. Other Case Management Services (Specify) _____	<input type="radio"/>	<input type="radio"/>

Medical Services	Yes	No
1. Medical Care	<input type="radio"/>	<input type="radio"/>
2. Alcohol/Drug Testing	<input type="radio"/>	<input type="radio"/>
3. HIV/AIDS Medical Support and Testing	<input type="radio"/>	<input type="radio"/>
4. Other Medical Services (Specify) _____	<input type="radio"/>	<input type="radio"/>

After Care Services	Yes	No
1. Continuing Care	<input type="radio"/>	<input type="radio"/>
2. Relapse Prevention	<input type="radio"/>	<input type="radio"/>
3. Recovery Coaching	<input type="radio"/>	<input type="radio"/>
4. Self-Help and Support Groups	<input type="radio"/>	<input type="radio"/>
5. Spiritual Support	<input type="radio"/>	<input type="radio"/>
6. Other After Care Services (Specify) _____	<input type="radio"/>	<input type="radio"/>

Education Services	Yes	No
1. Substance Abuse Education	<input type="radio"/>	<input type="radio"/>
2. HIV/AIDS Education	<input type="radio"/>	<input type="radio"/>
3. Other Education Services (Specify) _____	<input type="radio"/>	<input type="radio"/>

Peer-to-Peer Recovery Support Services	Yes	No
1. Peer Coaching or Mentoring	<input type="radio"/>	<input type="radio"/>
2. Housing Support	<input type="radio"/>	<input type="radio"/>
3. Alcohol- and Drug-Free Social Activities	<input type="radio"/>	<input type="radio"/>
4. Information and Referral	<input type="radio"/>	<input type="radio"/>
5. Other Peer-to-Peer Recovery Support Services (Specify) _____	<input type="radio"/>	<input type="radio"/>

A. DEMOGRAPHICS

[ASKED ONLY AT INTAKE/BASELINE.]

1. What is your gender?

- ☐ MALE
- ☐ FEMALE
- ☐ TRANSGENDER
- ☐ OTHER (SPECIFY) _____
- ☐ REFUSED

2. Are you Hispanic or Latino?

- ☐ YES
- ☐ NO
- ☐ REFUSED

[IF YES] What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

Ethnic Group	Yes	No	Refused
Central American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dominican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mexican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puerto Rican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
South American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (SPECIFY) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <i>[IF YES, SPECIFY BELOW.]</i>

3. What is your race? Please answer yes or no for each of the following. You may say yes to more than one.

Race	Yes	No	Refused
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American Indian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What is your date of birth?*

____/____/____ *[*THE SYSTEM WILL ONLY SAVE MONTH AND YEAR.
TO MAINTAIN CONFIDENTIALITY, DAY IS NOT SAVED.]*

Month Day

Year

- ☐ REFUSED

A. MILITARY FAMILY AND DEPLOYMENT

5. Have you ever served in the Armed Forces, in the Reserves, or in the National Guard? *[IF SERVED]* In which area, the Armed Forces, Reserves, or National Guard did you serve?

- ☐ NO
- ☐ YES, IN THE ARMED FORCES
- ☐ YES, IN THE RESERVES
- ☐ YES, IN THE NATIONAL GUARD
- ☐ REFUSED
- ☐ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO QUESTION A6.]

5a. Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard? *[IF ACTIVE]* In which area, the Armed Forces, Reserves, or National Guard?

- ☐ NO, SEPARATED OR RETIRED FROM THE ARMED FORCES, RESERVES, OR NATIONAL GUARD
- ☐ YES, IN THE ARMED FORCES
- ☐ YES, IN THE RESERVES
- ☐ YES, IN THE NATIONAL GUARD
- ☐ REFUSED
- ☐ DON'T KNOW

5b. Have you ever been deployed to a combat zone? *[CHECK ALL THAT APPLY.]*

- ☐ NEVER DEPLOYED
- ☐ IRAQ OR AFGHANISTAN (E.G., Operation Enduring Freedom [OEF]/ Operation Iraqi Freedom [OIF]/ Operation New Dawn [OND])
- ☐ PERSIAN GULF (OPERATION DESERT SHIELD/DESERT STORM)
- ☐ VIETNAM/SOUTHEAST ASIA
- ☐ KOREA
- ☐ WWII
- ☐ DEPLOYED TO A COMBAT ZONE NOT LISTED ABOVE (E.G., BOSNIA/SOMALIA)
- ☐ REFUSED
- ☐ DON'T KNOW

[SBIRT GRANTEES: FOR CLIENTS WHO SCREENED NEGATIVE, THE INTAKE INTERVIEW IS NOW COMPLETE.]

A. MILITARY FAMILY AND DEPLOYMENT (CONTINUED)

6. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in the National Guard or separated or retired from the Armed Forces, Reserves, or National Guard?

- ☐ NO
- ☐ YES, ONLY ONE
- ☐ YES, MORE THAN ONE
- ☐ REFUSED
- ☐ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION B.]

[IF YES, ANSWER FOR UP TO 6 PEOPLE.] What is the relationship of that person (Service Member) to you?

[WRITE RELATIONSHIP IN COLUMN HEADING.]

- 1 = Mother 2 = Father
 3 = Brother 4 = Sister
 5 = Spouse 6 = Partner
 7 = Child 8 = Other (Specify) _____

Has the Service Member experienced any of the following? <i>[CHECK ANSWER IN APPROPRIATE COLUMN FOR ALL THAT APPLY.]</i>	(Relationship) 1.	(Relationship) 2.	(Relationship) 3.	(Relationship) 4.	(Relationship) 5.	(Relationship) 6.
6a. Deployed in support of combat operations (e.g., Iraq or Afghanistan)?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW
6b. Was physically injured during combat operations?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW
6c. Developed combat stress symptoms/difficulties adjusting following deployment, including post-traumatic stress disorder (PTSD), depression, or suicidal thoughts?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW
6d. Died or was killed?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW

B. DRUG AND ALCOHOL USE

	Number of Days	REFUSED	DON'T KNOW
1. During the past 30 days, how many days have you used the following:			
a. Any alcohol <i>[IF ZERO, SKIP TO ITEM B1c.]</i>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
b1. Alcohol to intoxication (5+ drinks in one sitting)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
c. Illegal drugs <i>[IF B1a OR B1c = 0, REFUSED (RF), DON'T KNOW (DK), THEN SKIP TO ITEM B2.]</i>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
d. Both alcohol and drugs (on the same day)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-intravenous (IV) injection 5. IV
 *NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE,
 CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM
 LEAST SEVERE (1) TO MOST SEVERE (5).

2. During the past 30 days, how many days have you used any of the following: *[IF THE VALUE IN ANY ITEM B2a–B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]*

	Number of Days	RF	DK	Route*	RF	DK
a. Cocaine/Crack	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
c. Opiates:						
1. Heroin (Smack, H, Junk, Skag)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
2. Morphine	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
3. Dilaudid	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
4. Demerol	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
5. Percocet	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
6. Darvon	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
7. Codeine	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
8. Tylenol 2, 3, 4	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
9. OxyContin/Oxycodone	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
d. Non-prescription methadone	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
e. Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms, or Mescaline	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
f. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

B. DRUG AND ALCOHOL USE (CONTINUED)

Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV

*NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).

2. During the past 30 days, how many days have you used any of the following: *[IF THE VALUE IN ANY ITEM B2a–B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]*

	Number of Days	RF	DK	Route*	RF	DK
g. 1. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol, also known as roofies, roche, and cope)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
2. Barbiturates: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
3. Non-prescription GHB (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
4. Ketamine (known as Special K or Vitamin K)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
5. Other tranquilizers, downers, sedatives, or hypnotics	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
h. Inhalants (poppers, snappers, rush, whippets)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
i. Other illegal drugs (Specify) _____	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>

3. In the past 30 days, have you injected drugs? *[IF ANY ROUTE OF ADMINISTRATION IN B2a–B2i = 4 or 5, THEN B3 MUST = YES.]*

- ☐ YES
☐ NO
☐ REFUSED
☐ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION C.]

4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used?

- ☐ Always
☐ More than half the time
☐ Half the time
☐ Less than half the time
☐ Never
☐ REFUSED
☐ DON'T KNOW

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time? *[DO NOT READ RESPONSE OPTIONS TO CLIENT.]*

- ☐ SHELTER (SAFE HAVENS, TRANSITIONAL LIVING CENTER [TLC], LOW-DEMAND FACILITIES, RECEPTION CENTERS, OTHER TEMPORARY DAY OR EVENING FACILITY)
- ☐ STREET/OUTDOORS (SIDEWALK, DOORWAY, PARK, PUBLIC OR ABANDONED BUILDING)
- ☐ INSTITUTION (HOSPITAL, NURSING HOME, JAIL/PRISON)
- ☐ HOUSED: *[IF HOUSED, CHECK APPROPRIATE SUBCATEGORY:]*
 - ☐ OWN/RENT APARTMENT, ROOM, OR HOUSE
 - ☐ SOMEONE ELSE'S APARTMENT, ROOM, OR HOUSE
 - ☐ DORMITORY/COLLEGE RESIDENCE
 - ☐ HALFWAY HOUSE
 - ☐ RESIDENTIAL TREATMENT
 - ☐ OTHER HOUSED (SPECIFY) _____
- ☐ REFUSED
- ☐ DON'T KNOW

2. How satisfied are you with the conditions of your living space?

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ REFUSED
- ☐ DON'T KNOW

3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs? *[IF B1a OR B1c > 0, THEN C3 CANNOT = "NOT APPLICABLE."]*

- ☐ Not at all
- ☐ Somewhat
- ☐ Considerably
- ☐ Extremely
- ☐ NOT APPLICABLE *[USE ONLY IF B1A AND B1C = 0.]*
- ☐ REFUSED
- ☐ DON'T KNOW

4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities? *[IF B1a OR B1c > 0, THEN C4 CANNOT = "NOT APPLICABLE."]*

- ☐ Not at all
- ☐ Somewhat
- ☐ Considerably
- ☐ Extremely
- ☐ NOT APPLICABLE *[USE ONLY IF B1A AND B1C = 0.]*
- ☐ REFUSED
- ☐ DON'T KNOW

C. FAMILY AND LIVING CONDITIONS (CONTINUED)

5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?
[IF B1a OR B1c > 0, THEN C5 CANNOT = "NOT APPLICABLE."]

☐ Not at all
☐ Somewhat
☐ Considerably
☐ Extremely
☐ NOT APPLICABLE [USE ONLY IF B1a AND B1c = 0.]
☐ REFUSED
☐ DON'T KNOW

6. [IF NOT MALE] Are you currently pregnant?

☐ YES
☐ NO
☐ REFUSED
☐ DON'T KNOW

7. Do you have children?

☐ YES
☐ NO
☐ REFUSED
☐ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION D.]

- a. How many children do you have? [IF C7 = YES, THEN THE VALUE IN C7a MUST BE > 0.]

____ ☐ REFUSED ☐ DON'T KNOW

- b. Are any of your children living with someone else due to a child protection court order?

☐ YES
☐ NO
☐ REFUSED
☐ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM C7D.]

- c. [IF YES] How many of your children are living with someone else due to a child protection court order? [THE VALUE IN C7c CANNOT EXCEED THE VALUE IN C7a.]

____ ☐ REFUSED ☐ DON'T KNOW

- d. For how many of your children have you lost parental rights? [THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.] [THE VALUE IN ITEM C7d CANNOT EXCEED THE VALUE IN C7a.]

____ ☐ REFUSED ☐ DON'T KNOW

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? *[IF ENROLLED]* Is that full time or part time? *[IF CLIENT IS INCARCERATED, CODE D1 AS "NOT ENROLLED."]*
- ☐ NOT ENROLLED
 - ☐ ENROLLED, FULL TIME
 - ☐ ENROLLED, PART TIME
 - ☐ OTHER (SPECIFY) _____
 - ☐ REFUSED
 - ☐ DON'T KNOW
2. What is the highest level of education you have finished, whether or not you received a degree?
- ☐ NEVER ATTENDED
 - ☐ 1ST GRADE
 - ☐ 2ND GRADE
 - ☐ 3RD GRADE
 - ☐ 4TH GRADE
 - ☐ 5TH GRADE
 - ☐ 6TH GRADE
 - ☐ 7TH GRADE
 - ☐ 8TH GRADE
 - ☐ 9TH GRADE
 - ☐ 10TH GRADE
 - ☐ 11TH GRADE
 - ☐ 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT
 - ☐ COLLEGE OR UNIVERSITY/1ST YEAR COMPLETED
 - ☐ COLLEGE OR UNIVERSITY/2ND YEAR COMPLETED/ASSOCIATE'S DEGREE (AA, AS)
 - ☐ COLLEGE OR UNIVERSITY/3RD YEAR COMPLETED
 - ☐ BACHELOR'S DEGREE (BA, BS) OR HIGHER
 - ☐ VOCATIONAL/TECHNICAL (VOC/TECH) PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA
 - ☐ VOC/TECH DIPLOMA AFTER HIGH SCHOOL
 - ☐ REFUSED
 - ☐ DON'T KNOW
3. Are you currently employed? *[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK. IF CLIENT IS "ENROLLED, FULL TIME" IN D1 AND INDICATES "EMPLOYED, FULL TIME" IN D3, ASK FOR CLARIFICATION. IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE D3 AS "UNEMPLOYED, NOT LOOKING FOR WORK."]*
- ☐ EMPLOYED, FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN)
 - ☐ EMPLOYED, PART TIME
 - ☐ UNEMPLOYED, LOOKING FOR WORK
 - ☐ UNEMPLOYED, DISABLED
 - ☐ UNEMPLOYED, VOLUNTEER WORK
 - ☐ UNEMPLOYED, RETIRED
 - ☐ UNEMPLOYED, NOT LOOKING FOR WORK
 - ☐ OTHER (SPECIFY) _____
 - ☐ REFUSED
 - ☐ DON'T KNOW

D. EDUCATION, EMPLOYMENT, AND INCOME (CONTINUED)

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...
[IF D3 DOES NOT = "EMPLOYED" AND THE VALUE IN D4a IS GREATER THAN ZERO, PROBE. IF D3 = "UNEMPLOYED, LOOKING FOR WORK" AND THE VALUE IN D4b = 0, PROBE. IF D3 = "UNEMPLOYED, RETIRED" AND THE VALUE IN D4c = 0, PROBE. IF D3 = "UNEMPLOYED, DISABLED" AND THE VALUE IN D4d = 0, PROBE.]

		RF	DK
a. Wages	\$ ____ , ____	<input type="radio"/>	<input type="radio"/>
b. Public assistance	\$ ____ , ____	<input type="radio"/>	<input type="radio"/>
c. Retirement	\$ ____ , ____	<input type="radio"/>	<input type="radio"/>
d. Disability	\$ ____ , ____	<input type="radio"/>	<input type="radio"/>
e. Non-legal income	\$ ____ , ____	<input type="radio"/>	<input type="radio"/>
f. Family and/or friends	\$ ____ , ____	<input type="radio"/>	<input type="radio"/>
g. Other (Specify) _____	\$ ____ , ____	<input type="radio"/>	<input type="radio"/>

5. Have you enough money to meet your needs?

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ Mostly
- ☐ Completely
- ☐ REFUSED
- ☐ DON'T KNOW

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested?

|____| TIMES ☐ REFUSED ☐ DON'T KNOW

[IF NO ARRESTS, SKIP TO ITEM E3.]

2. In the past 30 days, how many times have you been arrested for drug-related offenses? [THE VALUE IN E2 CANNOT BE GREATER THAN THE VALUE IN E1.]

|____| TIMES ☐ REFUSED ☐ DON'T KNOW

3. In the past 30 days, how many nights have you spent in jail/prison? [IF THE VALUE IN E3 IS GREATER THAN 15, THEN C1 MUST = INSTITUTION (JAIL/PRISON). IF C1 = INSTITUTION (JAIL/PRISON), THEN THE VALUE IN E3 MUST BE GREATER THAN OR EQUAL TO 15.]

|____| NIGHTS ☐ REFUSED ☐ DON'T KNOW

4. In the past 30 days, how many times have you committed a crime? [CHECK NUMBER OF DAYS USED ILLEGAL DRUGS IN ITEM B1c. ANSWER HERE IN E4 SHOULD BE EQUAL TO OR GREATER THAN NUMBER IN B1c BECAUSE USING ILLEGAL DRUGS IS A CRIME.]

|____| TIMES ☐ REFUSED ☐ DON'T KNOW

5. Are you currently awaiting charges, trial, or sentencing?

- ☐ YES
- ☐ NO
- ☐ REFUSED
- ☐ DON'T KNOW

6. Are you currently on parole or probation?

- ☐ YES
- ☐ NO
- ☐ REFUSED
- ☐ DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

1. How would you rate your overall health right now?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ REFUSED
- ☐ DON'T KNOW

2. During the past 30 days, did you receive:

a. Inpatient treatment for:

	[IF YES] Altogether				
	YES	for how many nights	NO	RF	DK
i. Physical complaint	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Mental or emotional difficulties	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Alcohol or substance abuse	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Outpatient treatment for:

	[IF YES] Altogether				
	YES	for how many times	NO	RF	DK
i. Physical complaint	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Mental or emotional difficulties	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Alcohol or substance abuse	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. Emergency room treatment for:

	[IF YES] Altogether				
	YES	for how many times	NO	RF	DK
i. Physical complaint	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Mental or emotional difficulties	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Alcohol or substance abuse	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (CONTINUED)

3. During the past 30 days, did you engage in sexual activity?

- ☐ Yes
- ☐ No *[SKIP TO F4.]*
- ☐ NOT PERMITTED TO ASK *[SKIP TO F4.]*
- ☐ REFUSED *[SKIP TO F4.]*
- ☐ DON'T KNOW *[SKIP TO F4.]*

[IF YES] Altogether, how many:

- | | Contacts | RF | DK |
|---|----------|-----------------------|-----------------------|
| a. Sexual contacts (vaginal, oral, or anal) did you have? | _ _ _ _ | <input type="radio"/> | <input type="radio"/> |
| b. Unprotected sexual contacts did you have? <i>[THE VALUE IN F3b SHOULD NOT BE GREATER THAN THE VALUE IN F3a.] [IF ZERO, SKIP TO F4.]</i> | _ _ _ _ | <input type="radio"/> | <input type="radio"/> |
| c. Unprotected sexual contacts were with an individual who is or was <i>[NONE OF THE VALUES IN F3c1–F3c3 CAN BE GREATER THAN THE VALUE IN F3b.]</i> | | | |
| 1. HIV positive or has AIDS | _ _ _ _ | <input type="radio"/> | <input type="radio"/> |
| 2. An injection drug user | _ _ _ _ | <input type="radio"/> | <input type="radio"/> |
| 3. High on some substance | _ _ _ _ | <input type="radio"/> | <input type="radio"/> |

4. Have you ever been tested for HIV?

- ☐ Yes *[GO TO F4a.]*
- ☐ No *[SKIP TO F5.]*
- ☐ REFUSED *[SKIP TO F5.]*
- ☐ DON'T KNOW *[SKIP TO F5.]*

a. Do you know the results of your HIV testing?

- ☐ Yes
- ☐ No

5. How would you rate your quality of life?

- ☐ Very poor
- ☐ Poor
- ☐ Neither poor nor good
- ☐ Good
- ☐ Very good
- ☐ REFUSED
- ☐ DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (CONTINUED)

6. How satisfied are you with your health?

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ REFUSED
- ☐ DON'T KNOW

7. Do you have enough energy for everyday life?

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ Mostly
- ☐ Completely
- ☐ REFUSED
- ☐ DON'T KNOW

8. How satisfied are you with your ability to perform your daily activities?

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ REFUSED
- ☐ DON'T KNOW

9. How satisfied are you with yourself?

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ REFUSED
- ☐ DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (CONTINUED)

10. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:

	Days	RF	DK
a. Experienced serious depression	_ _ _	<input type="radio"/>	<input type="radio"/>
b. Experienced serious anxiety or tension	_ _ _	<input type="radio"/>	<input type="radio"/>
c. Experienced hallucinations	_ _ _	<input type="radio"/>	<input type="radio"/>
d. Experienced trouble understanding, concentrating, or remembering	_ _ _	<input type="radio"/>	<input type="radio"/>
e. Experienced trouble controlling violent behavior	_ _ _	<input type="radio"/>	<input type="radio"/>
f. Attempted suicide	_ _ _	<input type="radio"/>	<input type="radio"/>
g. Been prescribed medication for psychological/emotional problem	_ _ _	<input type="radio"/>	<input type="radio"/>

[IF CLIENT REPORTS ZERO DAYS, RF, OR DK TO ALL ITEMS IN QUESTION F10, SKIP TO ITEM F12.]

11. How much have you been bothered by these psychological or emotional problems in the past 30 days?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Considerably
- ☐ Extremely
- ☐ REFUSED
- ☐ DON'T KNOW

F. VIOLENCE AND TRAUMA

12. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?

- ☐ YES
- ☐ NO
- ☐ REFUSED
- ☐ DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM F13.]

Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:

12a. Have had nightmares about it or thought about it when you did not want to?

- ☐ YES
- ☐ NO
- ☐ REFUSED
- ☐ DON'T KNOW

F. VIOLENCE AND TRAUMA (CONTINUED)

12b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

- ☐ YES
- ☐ NO
- ☐ REFUSED
- ☐ DON'T KNOW

12c. Were constantly on guard, watchful, or easily startled?

- ☐ YES
- ☐ NO
- ☐ REFUSED
- ☐ DON'T KNOW

12d. Felt numb and detached from others, activities, or your surroundings?

- ☐ YES
- ☐ NO
- ☐ REFUSED
- ☐ DON'T KNOW

13. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- ☐ Never
- ☐ A few times
- ☐ More than a few times
- ☐ REFUSED
- ☐ DON'T KNOW

G. SOCIAL CONNECTEDNESS

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? In other words, did you participate in a nonprofessional, peer-operated organization that is devoted to helping individuals who have addiction-related problems, such as Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.?
- ☐ YES *[IF YES] SPECIFY HOW MANY TIMES* ☐ REFUSED ☐ DON'T KNOW
- ☐ NO
- ☐ REFUSED
- ☐ DON'T KNOW
2. In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?
- ☐ YES *[IF YES] SPECIFY HOW MANY TIMES* ☐ REFUSED ☐ DON'T KNOW
- ☐ NO
- ☐ REFUSED
- ☐ DON'T KNOW
3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?
- ☐ YES *[IF YES] SPECIFY HOW MANY TIMES* ☐ REFUSED ☐ DON'T KNOW
- ☐ NO
- ☐ REFUSED
- ☐ DON'T KNOW
4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?
- ☐ YES
- ☐ NO
- ☐ REFUSED
- ☐ DON'T KNOW
5. To whom do you turn when you are having trouble? *[SELECT ONLY ONE.]*
- ☐ NO ONE
- ☐ CLERGY MEMBER
- ☐ FAMILY MEMBER
- ☐ FRIENDS
- ☐ REFUSED
- ☐ DON'T KNOW
- ☐ OTHER (SPECIFY) _____
6. How satisfied are you with your personal relationships?
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ REFUSED
- ☐ DON'T KNOW

H. PROGRAM-SPECIFIC QUESTIONS

YOU ARE NOT RESPONSIBLE FOR COLLECTING DATA ON ALL SECTION H QUESTIONS. YOUR GOVERNMENT PROJECT OFFICER (GPO) HAS PROVIDED GUIDANCE ON WHICH SPECIFIC SECTION H QUESTIONS YOU ARE TO COMPLETE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR GPO.

H1. PROGRAM-SPECIFIC QUESTIONS

[QUESTION 1 SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP AND DISCHARGE.]

1. Which of the following occurred for the client subsequent to receiving treatment? [CHECK ALL THAT APPLY.]

- ☐ Client was reunited with child (or children)
- ☐ Client avoided out-of-home placement for child (or children)
- ☐ None of the above
- ☐ Don't know

H2. PROGRAM-SPECIFIC QUESTIONS

[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]

1. Did the *[INSERT GRANTEE NAME]* help you obtain any of the following benefits? *[CHECK ALL THAT APPLY.]*

- ☐ Private health insurance
- ☐ Medicaid
- ☐ Supplemental Security Income (SSI)/ Social Security disability insurance (SSDI)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Other (Specify) _____
- ☐ NONE OF THE ABOVE
- ☐ REFUSED
- ☐ DON'T KNOW

H3. PROGRAM-SPECIFIC QUESTIONS

[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]

1. Have you achieved any of the following since you began receiving services or supports from *[INSERT GRANTEE NAME]*? If yes, do you believe that the services you received from *[INSERT GRANTEE NAME]* helped you with this achievement?

Status	Achieved?	If yes, do you believe that the services you received from <i>[INSERT GRANTEE NAME]</i> helped you with this achievement?
1a. Enrolled in school	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED
1b. Enrolled in vocational training	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED
1c. Currently employed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED
1d. Living in stable housing	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED

H4. PROGRAM-SPECIFIC QUESTIONS

[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]

1. Please indicate the degree to which you agree or disagree with the following statements:

a. Receiving treatment in a nonresidential setting has enabled me to maintain parenting and family responsibilities while receiving treatment.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Undecided
- ☐ Agree
- ☐ Strongly agree
- ☐ REFUSED
- ☐ DON'T KNOW

b. As a result of treatment, I feel I now have the skills and support to balance parenting and managing my recovery.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Undecided
- ☐ Agree
- ☐ Strongly agree
- ☐ REFUSED
- ☐ DON'T KNOW

H5. PROGRAM-SPECIFIC QUESTIONS

[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]

1. Please indicate the degree to which you agree or disagree with the following statements:

a. Receiving treatment in a residential setting with my child (or children) has enabled me to focus on my treatment without distractions of parenting and family responsibilities.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Undecided
- ☐ Agree
- ☐ Strongly agree
- ☐ REFUSED
- ☐ DON'T KNOW

b. As a result of treatment, I feel I now have the skills and support to balance parenting and managing my recovery.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Undecided
- ☐ Agree
- ☐ Strongly agree
- ☐ REFUSED
- ☐ DON'T KNOW

H6. PROGRAM-SPECIFIC QUESTIONS

[QUESTION 1 SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE].

- 1. Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client.
[CHECK ALL THAT APPLY.]**

- ☐ Current SAMHSA grant funding
- ☐ Other federal grant funding
- ☐ State funding
- ☐ Client's private insurance
- ☐ Medicaid/Medicare
- ☐ Other (Specify) _____
- ☐ Don't know

[IF FOLLOW-UP OR DISCHARGE INTERVIEW, SKIP TO H3.]

[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF ONLY AT INTAKE/BASELINE.]

- 2. If the client screened positive for substance misuse or a substance use disorder, was the client assigned to the following types of services? [IF CLIENT SCREENED NEGATIVE, SELECT "NO" FOR EACH SERVICE BELOW.]**

	Yes	No	Don't Know
Brief Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brief Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[QUESTION 3 SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE, BASELINE, FOLLOW-UP, AND DISCHARGE.]

- 3. Did the client receive the following types of services?**

	Yes	No	Don't Know
Brief Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brief Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H7. PROGRAM-SPECIFIC QUESTIONS

[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE.]

1. Did the program provide the following?

a. HIV test

- ☐ YES
- ☐ NO *[SKIP TO H1b.]*
- ☐ REFUSED *[SKIP TO H1b.]*
- ☐ DON'T KNOW *[SKIP TO H1b.]*

[IF YES] What was the result?

- ☐ Positive
- ☐ Negative *[SKIP TO H1b.]*
- ☐ Indeterminate *[SKIP TO H1b.]*
- ☐ REFUSED *[SKIP TO H1b.]*
- ☐ DON'T KNOW *[SKIP TO H1b.]*

[IF CLIENT SCREENED POSITIVE] Were you connected to HIV treatment services?

- ☐ Yes
- ☐ No
- ☐ REFUSED
- ☐ DON'T KNOW

b. Hepatitis B (HBV) test

- ☐ YES
- ☐ NO *[SKIP TO H1c.]*
- ☐ REFUSED *[SKIP TO H1c.]*
- ☐ DON'T KNOW *[SKIP TO H1c.]*

[IF YES] What was the result?

- ☐ Positive
- ☐ Negative *[SKIP TO H1c.]*
- ☐ Indeterminate *[SKIP TO H1c.]*
- ☐ REFUSED *[SKIP TO H1c.]*
- ☐ DON'T KNOW *[SKIP TO H1c.]*

[IF CLIENT SCREENED POSITIVE] Were you connected to HBV treatment services?

- ☐ Yes
- ☐ No
- ☐ REFUSED
- ☐ DON'T KNOW

H7. PROGRAM-SPECIFIC QUESTIONS (CONTINUED)

c. Hepatitis C (HCV) test

- ☐ YES
- ☐ NO *[SKIP TO SECTION I OR J/K.]*
- ☐ REFUSED *[SKIP TO SECTION I OR J/K.]*
- ☐ DON'T KNOW *[SKIP TO SECTION I OR J/K.]*

[IF YES] What was the result?

- ☐ Positive
- ☐ Negative *[SKIP TO SECTION I OR J/K.]*
- ☐ Indeterminate *[SKIP TO SECTION I OR J/K.]*
- ☐ REFUSED *[SKIP TO SECTION I OR J/K.]*
- ☐ DON'T KNOW *[SKIP TO SECTION I OR J/K.]*

[IF CLIENT SCREENED POSITIVE] Were you connected to HCV treatment services?

- ☐ Yes
- ☐ No
- ☐ REFUSED
- ☐ DON'T KNOW

H8. PROGRAM-SPECIFIC QUESTIONS

[QUESTIONS 1 AND 2 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]

1. Have you achieved any of the following since you began receiving peer services through *[INSERT GRANTEE NAME]*? If yes, do you believe that the peer services you received from *[INSERT GRANTEE NAME]* helped you with this achievement?

Status	Achieved?	If yes, do you believe that the peer services you received from <i>[INSERT GRANTEE NAME]</i> helped you with this achievement?
1a. Enrolled in school	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED
1b. Enrolled in vocational training	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED
1c. Currently employed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED
1d. Living in stable housing	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW <input type="radio"/> REFUSED

2. To what extent has this program improved your quality of life?

- ☐ To a great extent
- ☐ Somewhat
- ☐ Very little
- ☐ Not at all
- ☐ REFUSED
- ☐ DON'T KNOW

H9. PROGRAM-SPECIFIC QUESTIONS

[QUESTION 1 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]

1. Please indicate the degree to which you agree or disagree with the following statements:

i. The use of technology accessed through *[INSERT GRANTEE NAME]* has helped me communicate with my provider.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Undecided
- ☐ Agree
- ☐ Strongly agree
- ☐ NOT APPLICABLE
- ☐ REFUSED
- ☐ DON'T KNOW

ii. The use of technology accessed through *[INSERT GRANTEE NAME]* has helped me reduce my substance use.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Undecided
- ☐ Agree
- ☐ Strongly agree
- ☐ NOT APPLICABLE
- ☐ REFUSED
- ☐ DON'T KNOW

iii. The use of technology accessed through *[INSERT GRANTEE NAME]* has helped me manage my mental health symptoms.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Undecided
- ☐ Agree
- ☐ Strongly agree
- ☐ NOT APPLICABLE
- ☐ REFUSED
- ☐ DON'T KNOW

iv. The use of technology accessed through *[INSERT GRANTEE NAME]* has helped me support my recovery.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Undecided
- ☐ Agree
- ☐ Strongly agree
- ☐ NOT APPLICABLE
- ☐ REFUSED
- ☐ DON'T KNOW

H10. PROGRAM-SPECIFIC QUESTIONS

[QUESTIONS 1 AND 1A SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE. QUESTION 1B SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP/DISCHARGE IF THE CLIENT HAS BEEN REFERRED FOR SERVICES.]

1. Did the client screen positive for a mental health disorder?

- ☐ Client screened positive
- ☐ Client screened negative ***[SKIP TO H2.]***
- ☐ Client was not screened ***[SKIP TO H2.]***
- ☐ Don't know ***[SKIP TO H2.]***

a. ***[IF POSITIVE]*** Was the client referred to mental health services?

- ☐ Yes
- ☐ No ***[SKIP TO H2.]***
- ☐ Don't know ***[SKIP TO H2.]***

b. ***[IF YES]*** Did the client receive mental health services?

- ☐ Yes
- ☐ No
- ☐ Don't know

[QUESTIONS 2 AND 2A SHOULD BE REPORTED BY GRANTEE STAFF AT INTAKE/BASELINE, FOLLOW-UP, AND DISCHARGE. QUESTION 2B SHOULD BE REPORTED BY GRANTEE STAFF AT FOLLOW-UP/DISCHARGE IF THE CLIENT HAS BEEN REFERRED FOR SERVICES.]

2. Did the client screen positive for a substance use disorder?

- ☐ Client screened positive
- ☐ Client screened negative
- ☐ Client was not screened
- ☐ Don't know

[IF THIS IS AT INTAKE/BASELINE AND THE RESPONSE IS NEGATIVE, NOT SCREENED, OR DON'T KNOW, SECTION H IS DONE. IF THIS IS AT FOLLOW-UP OR DISCHARGE AND THE RESPONSE IS NEGATIVE, NOT SCREENED, OR DON'T KNOW, SKIP TO QUESTION 3.]

a. ***[IF POSITIVE]*** Was the client referred to substance use disorder services?

- ☐ Yes
- ☐ No
- ☐ Don't know

[IF THIS IS AT INTAKE/BASELINE, SECTION H IS DONE. IF THIS IS AT FOLLOW-UP OR DISCHARGE AND THE RESPONSE IS NO OR DON'T KNOW, SKIP TO QUESTION 3.]

H10. PROGRAM-SPECIFIC QUESTIONS (CONTINUED)

b. *[IF YES]* Did the client receive substance use disorder services?

- ☐ Yes
- ☐ No
- ☐ Don't know

[QUESTION 3 SHOULD BE ANSWERED BY THE CLIENT AT FOLLOW-UP AND DISCHARGE.]

3. Please indicate the degree to which you agree or disagree with the following statement: Receiving community-based services through *[INSERT GRANTEE NAME]* has helped me to avoid further contact with the police and the criminal justice system.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Undecided
- ☐ Agree
- ☐ Strongly agree
- ☐ REFUSED
- ☐ DON'T KNOW

I. FOLLOW-UP STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP.]

1. What is the follow-up status of the client? [THIS IS A REQUIRED FIELD: NA, REFUSED, DON'T KNOW, AND MISSING WILL NOT BE ACCEPTED.]

- ☐ 01 = Deceased at time of due date
- ☐ 11 = Completed interview within specified window
- ☐ 12 = Completed interview outside specified window
- ☐ 21 = Located, but refused, unspecified
- ☐ 22 = Located, but unable to gain institutional access
- ☐ 23 = Located, but otherwise unable to gain access
- ☐ 24 = Located, but withdrawn from project
- ☐ 31 = Unable to locate, moved
- ☐ 32 = Unable to locate, other (Specify) _____

2. Is the client still receiving services from your program?

- ☐ Yes
- ☐ No

[IF THIS IS A FOLLOW-UP INTERVIEW, STOP NOW; THE INTERVIEW IS COMPLETE.]

J. DISCHARGE STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]

1. On what date was the client discharged?

|_|_|_|_| / |_|_|_|_| / |_|_|_|_|_|
MONTH DAY YEAR

2. What is the client's discharge status?

- ☐ 01 = Completion/Graduate
- ☐ 02 = Termination

If the client was terminated, what was the reason for termination? [SELECT ONE RESPONSE.]

- ☐ 01 = Left on own against staff advice with satisfactory progress
- ☐ 02 = Left on own against staff advice without satisfactory progress
- ☐ 03 = Involuntarily discharged due to nonparticipation
- ☐ 04 = Involuntarily discharged due to violation of rules
- ☐ 05 = Referred to another program or other services with satisfactory progress
- ☐ 06 = Referred to another program or other services with unsatisfactory progress
- ☐ 07 = Incarcerated due to offense committed while in treatment/recovery with satisfactory progress
- ☐ 08 = Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress
- ☐ 09 = Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress
- ☐ 10 = Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress
- ☐ 11 = Transferred to another facility for health reasons
- ☐ 12 = Death
- ☐ 13 = Other (Specify) _____

J. DISCHARGE STATUS (CONTINUED)

3. Did the program test this client for HIV?

- ☐ Yes *[SKIP TO SECTION K.]*
- ☐ No *[GO TO J4.]*

4. *[IF NO]* Did the program refer this client for testing?

- ☐ Yes
- ☐ No

K. SERVICES RECEIVED

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]

Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY.]

Modality	Days
1. Case Management	_____
2. Day Treatment	_____
3. Inpatient/Hospital (Other Than Detox)	_____
4. Outpatient	_____
5. Outreach	_____
6. Intensive Outpatient	_____
7. Methadone	_____
8. Residential/Rehabilitation	_____
9. Detoxification (Select Only One):	
A. Hospital Inpatient	_____
B. Free-Standing Residential	_____
C. Ambulatory Detoxification	_____
10. After Care	_____
11. Recovery Support	_____
12. Other (Specify) _____	_____

Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED.]

Treatment Services	Sessions
[SBIRT GRANTS: YOU MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 1-4.]	
1. Screening	_____
2. Brief Intervention	_____
3. Brief Treatment	_____
4. Referral to Treatment	_____
5. Assessment	_____
6. Treatment/Recovery Planning	_____
7. Individual Counseling	_____
8. Group Counseling	_____
9. Family/Marriage Counseling	_____
10. Co-Occurring Treatment/Recovery Services	_____
11. Pharmacological Interventions	_____
12. HIV/AIDS Counseling	_____
13. Other Clinical Services (Specify) _____	_____

Case Management Services	Sessions
1. Family Services (Including Marriage Education, Parenting, Child Development Services)	_____
2. Child Care	_____
3. Employment Service	
A. Pre-Employment	_____
B. Employment Coaching	_____
4. Individual Services Coordination	_____
5. Transportation	_____
6. HIV/AIDS Service	_____
7. Supportive Transitional Drug-Free Housing Services	_____
8. Other Case Management Services (Specify) _____	_____

Medical Services	Sessions
1. Medical Care	_____
2. Alcohol/Drug Testing	_____
3. HIV/AIDS Medical Support and Testing	_____
4. Other Medical Services (Specify) _____	_____

After Care Services	Sessions
1. Continuing Care	_____
2. Relapse Prevention	_____
3. Recovery Coaching	_____
4. Self-Help and Support Groups	_____
5. Spiritual Support	_____
6. Other After Care Services (Specify) _____	_____

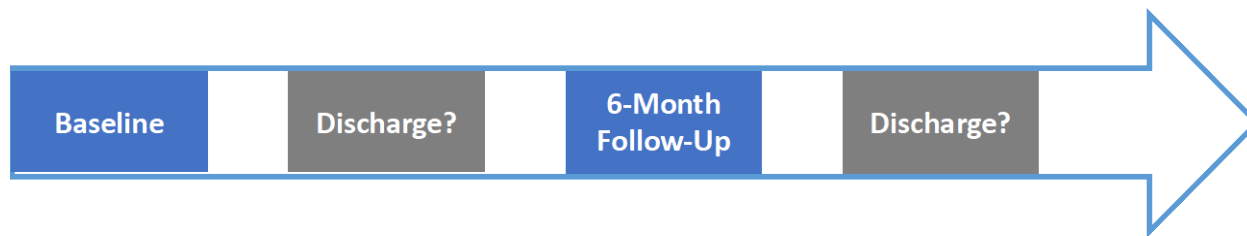
Education Services	Sessions
1. Substance Abuse Education	_____
2. HIV/AIDS Education	_____
3. Other Education Services (Specify) _____	_____

Peer-to-Peer Recovery Support Services	Sessions
1. Peer Coaching or Mentoring	_____
2. Housing Support	_____
3. Alcohol- and Drug-Free Social Activities	_____
4. Information and Referral	_____
5. Other Peer-to-Peer Recovery Support Services (Specify) _____	_____

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Appendix B
KORE – GPRA Interview Process Diagram

KORE – GPRA Interview Process Diagram



Appendix C
KORE – Locator Information Form

LOCATOR INFORMATION

TODAY'S DATE:

KORE – GPRA CLIENT ID:

Point of Contact:

☐

BASELINE

☐

DISCHARGE

☐6 MONTH
FOLLOW-UP**IF DISCHARGE OR FOLLOW-UP:****HAS ANY OF THE LOCATOR INFORMATION YOU PROVIDED AT YOUR LAST INTERVIEW CHANGED OR DO YOU HAVE NEW INFORMATION TO PROVIDE?**☐ YES☐ NO**IF YES, PLEASE COMPLETE A NEW LOCATOR INFORMATION FORM**

I'd like to ask you some questions about yourself. This information will be kept in a separate place from your other answers on the interview. The information you give us will help us to get in touch with you when it's time for the follow-up interview. It will only be used to locate you for your follow-up, and it will not be given to anyone else. We will not tell any contact anything except that you have been asked to take part in a health study:

Full name

First name

Middle name

Last name

Nickname(s)

Social Security #

Current address:

Street

City, State

Zip

Current phone:
(include area code)

DOB (mm/dd/yr)

Facebook Name:

MOM'S INFORMATION: What's your mom's address?

Street

City, State

Zip

Mom's phone:
(include area code)

Mom's name:

Are you in regular contact with your mom?

00-NO

01-YES

If you were no longer in treatment, and we were to mail you a gift card or other study materials, which address would be best to send this to?

_____ (Address)
_____ (City, State, Zip)
_____ (Phone)
_____ (Who lives there?)

Please give me the three best addresses of people who will always know where to locate you, especially if you leave treatment early. Interviewer note: try to get at least 3 addresses/phone numbers. Use the space provided at the end to collect additional information if the subject provides.

BEST ADDRESS (1):

Name:

Name

Address:

Street

City, State

Zip

Phone:

(include area code)

Relationship to
participant:

BEST ADDRESS (2):

Name:

Name

Address:

Street

City, State

Zip

Phone:

(include area code)

Relationship to
participant:

BEST ADDRESS (3):

Name:

Name

Address:

Street

City, State

Zip

Phone:

(include area code)

Relationship to
participant:

Additional Notes or Locator Information:

IF BASELINE OR DISCHARGE:

Has client been given the follow-up interview information sheet?

☐ YES

☐ NO

Appendix D
Follow-Up Information Sheet



As part of the treatment/recovery services you are being provided, background and health information is being collected to fulfill a federal reporting requirement. This information is being collected by your provider at the start of your services and will be collected again at the end. The information is being warehoused at the University of Kentucky on a secure computer server and stored separate from your name to protect your privacy.

You will be asked to participate in one follow-up interview as part of these federal reporting requirements. The follow-up interview will take place roughly 6 months from today. If you are continuing to receive services from this provider at the time of the follow-up interview, your treatment/recovery services provider will complete these interviews with you. If you are no longer receiving services from this provider at the time of the follow-up interview, University of Kentucky staff will use the locator information you provided today to contact and invite you to complete these interviews over the telephone. The follow-up interview should take about 20 to 30 minutes to complete.

Regardless of whether your follow-up interview is conducted by your treatment/recovery services provider or by University of Kentucky staff, you will be eligible to receive a \$30 gift card for completing a 6-month follow-up interview.

Your responses to the interviews will be kept confidential to the extent allowed by law. Additionally, we have received a federally-granted Certificate of Confidentiality that allows us to refuse to disclose identifying information in any legal proceedings, whether at the federal, state, or local level.

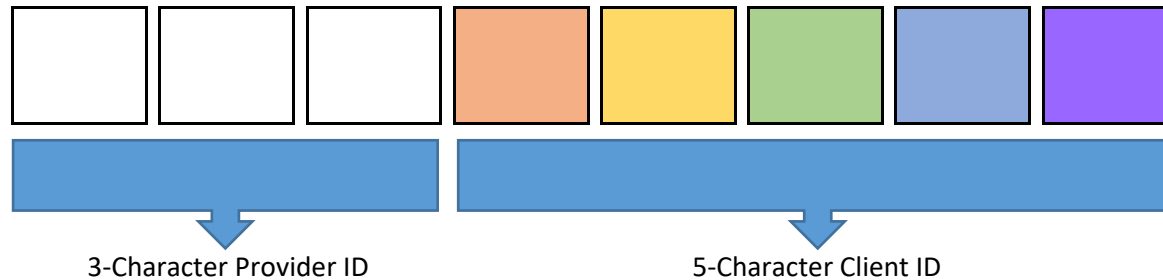
If you have any questions or would like to provide updated locator information, please call us. You can contact the KORE – GPRA study's project director, Rob Seaver, at 859-323-1997 or you can reach the individual in charge of study, Dr. Matt Webster, at 859-323-6100.

Appendix E
KORE – GPRA Interview Tracking Form

[illegible]

Appendix F
KORE – GPRA Client Identifier Guide

KORE - GPRA Client Identifier Guide



To be assigned by
University of Kentucky

To be assigned by the provider:

1. First Letter of Birth City
2. First letter of Father's First Name
3. First Letter of Mother's First Name
4. First Digit of Social Security Number
5. Last Digit of Social Security Number

Appendix G
KORE – GPRA Payment Form

KORE - GPRA Interview Payment Form

University of Kentucky

You will receive a gift card in the amount of \$30 for your 6-month follow up interview, as previously agreed upon, in the mail within a few weeks of returning this form. Please fill out the information below (above the dotted line), including a complete address where you would like for your gift card to be sent. Thank you again for your participation!

6-Month Follow-Up

Date: _____

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Participant Signature: _____

Payment amount: **\$30 gift card**

Investigator Signature: _____

Project from which to be paid: KORE - GPRA

Send to:

Center on Drug & Alcohol Research - SOR Follow Up
PO Box 987
University Station
Lexington, KY 40506-0025

or e-mail a scanned signed copy to:
koreproject@uky.edu

Appendix H
KORE – GPRA Monthly Progress Report

ABC Counseling (ABC)

September (2020)

GPRA Reports

Baseline Interviews

	Month	YTD
Completed	<input type="text"/>	<input type="text"/>

6-Month Follow-Up Interviews

	Month			YTD		
	Program	CDAR	Total	Program	CDAR	Total
Eligible	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Within Window	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outside Window	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Completion %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scheduled	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No Contact/Still Tracking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refused	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unable to Locate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deceased	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Discharge Interviews

	Month	YTD
Eligible	<input type="text"/>	<input type="text"/>
Completed	<input type="text"/>	<input type="text"/>
Full Discharges	<input type="text"/>	<input type="text"/>
Admin Discharges	<input type="text"/>	<input type="text"/>
Completion %	<input type="text"/>	<input type="text"/>

Appendix I

KORE – GPRA Monthly Follow-up Data Collection Update

KORE - GPRA Monthly Follow-up Data Collection Update

ABC Counseling

Month: July 2019

6-Month GPRA Follow-up		Month
Window Open		
Reached 6 months post-baseline (GPRA eligibility)		19
<u>Program Completed</u>		
Within GPRA Window		11
Outside of GPRA Window		1
Program Completed		12
<u>Exceptions</u>		
Unable to locate		1
Refused 6-month follow-up		2
Deceased at time of follow-up		0

Appendix J
KORE – GPRA Data Modification Request

Client ID#	Time Point	Date of Interview	Interviewer ID	Section	Modification Request
ABCLEC19	Baseline	10/25/2018	RS	Alcohol/Drugs	<i>Client initially said they had never used Heroin but later said they had. The data should be changed to say used 2 days in the past 30 days, 5 years regular lifetime use, and IV route of administration.</i>